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APR 27 2007

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Docket No. 13039

Application of

Larry Salmen et al.

Serial No. 10/623,363

Group Art Unit: 2178

Filed: July 17, 2003

Examiner: A. Basehoar

For: PROCESS AND SYSTEM FOR AUTHORIZING ELECTRONIC INFORMATION BY
FILLING IN TEMPLATE PATTERN WITH LOCAL PRESENTATION
INFORMATION

MS AMENDMENT

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

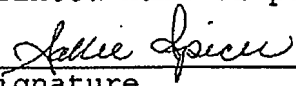
CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being
facsimile transmitted to the Patent and Trademark Office on the
date shown below to Fax No. (571) 273-8300.

- Fax Transmittal Sheet 1 page
- Sheet for Extension of Time 2 pages
- Fee Transmittal Sheet 2 page
- Amendment - 17 pages
- Total 22 Pages

April 27, 2007
Date

Sallie L. Spicer
Printed name of person signing


Signature

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NCR Corporation Docket No. 13039

In re application of: Larry Salmen et al.

Serial No. 10/623,363

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Mail Stop: Amendment

Commissioner for Patents

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated as shown below:


CLAIMS AS AMENDED

FOR	Claims Remaining After Amendment		Highest Number Previously Paid For	Extra Present	Rate	Additional Fee
Total Claims	23	-	23	0 X	\$ 50 =	\$ 0
Independent Claims	4	-	4	0 X	\$ 200 =	\$ 0
Total additional fee for this amendment ----->						\$ 0

Please consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to enter these papers, if appropriate.

Please charge all fees to Deposit Account No. 14 0225 of NCR Corporation (the assignee of the present application). A duplicate of this paper is enclosed.

Respectfully,


 Paul W. Martin
 Reg. No. 34,870

Certification of Mailing under 37 CFR 1.8

I hereby certify that this correspondence is, on the date as shown below, being transmitted by facsimile to the Commissioner for Patents, Alexandria, VA 22313.

Date: 4-27-2007By: Sallie Spicer
Name: Sallie Spicer

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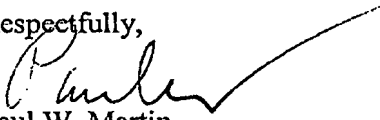
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